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**FACSIMILE TRANSMITTAL SHEET**

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	U.S. Patent & Trademark Office	571-273-8300	571-272-0718
<b>FROM:</b>	<b>PHONE NUMBER:</b>	<b>EMAIL:</b>	<b>BILLING NUMBER:</b>
John P. Blasko, Esq.	(609) 895-6639	jblasko@foxrothschild.com	1149
<b>NUMBER OF PAGES:</b>	<b>CHARGE FILE #:</b>	<b>PRIORITY:</b>	<b>LOG NUMBER:</b>
24	39894.00004	RUSH	

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**NOTES/COMMENTS:**

U.S. Patent Serial No. 10/717,226; filed November 19, 2003; Ji-Young et al.; for "Apparatus and Method for Whitening Teeth"

1. Transmittal (1 page);
  2. Fee Transmittal (1 page);
  3. Petition for Extension of Time (1 page);
  4. Information Disclosure Statement (1 page);
  5. PTO-1449 Form (1 page);
  6. Document listed on IDS (9 pages); and
  7. Response under 37 CFR § 1.111 (9 pages).
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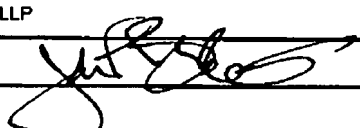
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/717,226	
	Filing Date	November 19, 2003	
	First Named Inventor	Ji-Young Kim	
	Art Unit	1614	
	Examiner Name	Roberts, Lezah	
Total Number of Pages in This Submission	23	Attorney Docket Number	39894.00601

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Document listed on IDS
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Fox Rothschild LLP		
Signature			
Printed name	John P. Blasko		
Date	July 30, 2007	Reg. No.	31,149

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Cheryl L. Powell	Date	July 30, 2007

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 400.00

**Complete if Known**

Application Number 10/717,226

Filing Date November 19, 2003

First Named Inventor Ji-Young Kim

Examiner Name Roberts, Lezah

Art Unit 1614

Attorney Docket No. 39894.00601

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JUL 30 2007**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-1943 Deposit Account Name: Fox Rothschild LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims Extra Claims Fee (\$)

59 - 20 or -HP = 61 x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

6 - 3 or HP = 4 x 2 = 400.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x = Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge):

**SUBMITTED BY**

Signature

Registration No. 31,149  
(Attorney/Agent)

Telephone 609-895-6639

Name (Print/Type) John P. Blasko

Date July 30, 2007

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